

REQUEST FOR EXEMPTION FROM NURSE AIDE TRAINING INSTRUCTIONS

~ NO EXTENSIONS WILL BE GRANTED FOR EXEMPTIONS FROM TRAINING ~

READ AND FOLLOW THE DIRECTIONS CAREFULLY.

NOTE: It is your responsibility to have all required documentation sent to this office. Questions regarding your request for exemption can be directed to the Bureau of Health Care Services at (517) 241-0554 **three weeks AFTER** the date you sent the request. If you fail to complete the requirements for exemption within a 6-month period from date of filing the exemption, the request is no longer valid and will be destroyed.

GENERAL INSTRUCTIONS:

You DO NOT qualify for exemption if:

1. Your Michigan CNA certificate has expired. You must retrain and test. **NO EXCEPTIONS.**
2. You are a licensed Registered Nurse or Licensed Practical Nurse. Federal Law prohibits you from working as a CNA.
3. You have completed training more than 24-months ago and failed to test or did not pass both parts of the test during the time period allotted. You must retrain and test. No exceptions or extensions will be granted.

ELIGIBILITY REQUIREMENTS:

There are two (2) conditions in which a nurse aide can request exemption from training in Michigan. If your situation is not one of the two conditions listed below, you will have to complete a Michigan state-approved Nurse Aide Training Program and pass a clinical and written examination to become a CNA in Michigan. **ALL applicants approved for exemption from training must take and pass a clinical and written examination.**

OUT-OF-STATE CERTIFIED NURSE AIDE CERTIFICATION:

*** Must hold a current certification in another US State. ***

1. Completely fill out the attached exemption request form, sign it and date it. Return the completed form to the address noted on the top of this form.
2. Send a **photocopy** of all out-of-state CNA certificate(s) you hold whether they are active or inactive. **DO NOT SEND THE ORIGINAL CERTIFICATE.**
3. If your name is different than what appears on your registry document, you will need to send a copy of the legal document confirming the name change such as a marriage certificate or divorce decree. Social Security cards or driver's licenses are not acceptable.
4. Each State that you hold a certificate or registration in must submit verification of your document, including any disciplinary action, directly to this office. If you are registered in more than one state, each state will need to verify your registration status; active, inactive or expired. Complete the attached Verification of Nurse Aide Certification in Another State form and forward it to the State(s) that you hold registration in.
5. If your certificate **DOES NOT** have an expiration date, **YOU** must include or have submitted a letter from your current or previous employer, on their company letterhead with an original signature, verifying the following information:
 - a. The employer letter must be on company letterhead and be an **original** document (photocopies and/or faxes are not acceptable).
 - b. The letter must be signed by the Facility/Agency Administrator, Director of Nursing or Assistant Director of Nursing.
 - c. The letter must verify your beginning and ending date of employment as a Certified Nurse Aide. You **MUST** have worked at least 8 hours during the last 24-months under the supervision of a licensed Registered Nurse performing nursing or nursing related services.

COMPLETED A TRAINING PROGRAM IN ANOTHER US STATE:

Must have completed training program within the last year of filing for exemption.

1. Completely fill out the attached exemption request form, sign it and date it. Return the completed form to the address noted on the top.
2. Submit as much detailed information regarding the training program you completed; i.e. student achievement record, course syllabus, etc.
3. Submit a COPY of the Certificate of Completion.
4. The information will be reviewed to see if it is substantially equivalent to Michigan approved training programs.
5. You will have 24 months to complete your testing from the date you completed your training program.

NOTE: If you completed a training program within the last 24 months and also obtained certification in a state that **DOES NOT** have an expiration date on their certificates and you **DID NOT** work in that State, you will be required to submit the above noted information.

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
P.O. Box 30664
Lansing, MI 48909
Phone: (517) 241-0554 • www.michigan.gov/healthlicense

Board Use Only

Exemption Number

Date of Exemption Approval

REQUEST FOR EXEMPTION FROM NURSE AIDE TRAINING

Please PRINT Clearly

This is **NOT** an authorization to test**Allow 3-5 weeks processing time**

First Name	Middle Name	Last Name
Previous Name Used (attach legal document confirming change (i.e. marriage certificate or divorce decree)).		
U.S. Social Security Number	Date of Birth	Email Address
Street Address		
City	State	Zip Code
Telephone Number w/Area Code		
SIGNATURE		Date

IF YOUR CERTIFICATION HAS EXPIRED OR HAS LAPSED (PROMETRIC VERBIAGE) YOU MUST RETRAIN. NO EXCEPTIONS. FEDERAL RULE AND REGULATION CFR 42, PART 483 – SUBPART B – SECTION 483.75 (7) – *Required Retraining* states: If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual **MUST complete a new training and competency evaluation program or a new competency evaluation program.**

If you are granted an exemption from training, you will receive notification from this Department and the paperwork to apply with Prometric to get your Authorization to Test and a list of testing sites. You will need to take the notifications to your test site on the day of testing. If you fail to complete your testing within the 24 month allotted period, you will have to complete a Michigan approved Nurse Aide Training Program and pass the test. NO EXCEPTIONS OR EXTENSIONS TO TESTING PERIOD WILL BE GRANTED.

ALL APPLICANTS APPROVED FOR EXEMPTION FROM TRAINING MUST TAKE AND PASS A CLINICAL AND WRITTEN EXAMINATION. NO EXCEPTIONS.

****PLEASE CHECK THE BOX BELOW WHICH APPLIES TO YOU****



TRAINING PROGRAM IN ANOTHER STATE (You must complete testing within 24 months from the date you completed your training program). Send copy of certificate of completion and course syllabus/student achievement record.



NURSE AIDE WITH OUT-OF-STATE REGISTRY/CERTIFICATE

You **MUST** currently hold an active CNA certificate or registration in another US State. You **MUST** forward the attached white verification of certification form to the state(s) in which you **HOLD OR HAVE HELD** certification/registration. Form can be copied. Addresses for the state boards can be found on the reverse side of the verification form. Attach additional sheet if necessary to list **all** states certified in.

List State(s) Certified in as a CNA	Certification/Registration Number	Date of Issue	How Obtained (Endorsement or Examination)

Bureau of Health Care Services

P.O. Box 30664

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF NURSE AIDE CERTIFICATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

*** APPLICANT MUST MAIL THIS FORM TO THE APPROPRIATE STATE BOARD ***

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

First Name	Middle Name	Last Name	
Street Address			
City	State	Zip Code	Telephone Number w/Area Code
Previous Name Used	Date of Birth		U.S. Social Security Number
State Board Certified In	Certification Number		Date of Issue

ADDRESSES OF STATE NURSE AIDE REGISTRIES ON REVERSE SIDE**PART II: To be completed by the State Licensing Board.**

The applicant listed above has applied for certification in Michigan and has indicated certification in your State. Please complete Part II of this form and return it to the address shown above.

Basis for Issuance of Registration/Certification:		
<input type="checkbox"/> Examination	<input type="checkbox"/> Endorsement – Please indicate name of State: _____	
Status of Registration/Certification	Original Issue Date	Expiration Date (If none, please indicate)
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed		
Are formal or informal actions pending? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the Nurse Aide registry/directory in your state substantiated a finding or conviction of abuse, neglect, or inappropriate conduct for the applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach a summary)		

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature_____
Date_____
Type or Print Name_____
Title

(SEAL)

Full Name of Licensing Board

LISTING OF STATE NURSE AIDE REGISTRIES

ALABAMA

Department of Public Health
Division of Healthcare Facilities
PO Box 303017
Montgomery AL 36130-3017
334-206-5169
334-206-0361 Fax

ALASKA

Division of Occupational Licensing
Nurse Aide Registry
550 W. 7th Avenue, Suite 1500
Anchorage AK 99501
907-269-8169
907-269-8196 Fax

ARIZONA

Arizona State Board of Nursing
Nurse Aide Registry
4747 N. 7th Street, Suite #200
Phoenix AZ 85014-3655
602-771-7800
602-771-7888 Fax

ARKANSAS

Office of Long Term Care
PO Box 8059, Mail Slot S405
Little Rock AR 72203-8059
501-682-1807
501-682-8551 Fax

CALIFORNIA

DO NOT send form to. We will obtain.

COLORADO

DO NOT send form to. We will obtain.

CONNECTICUT

Prometric
Attn: CT Nurse Aide Program
7941 Corporate Drive
Nottingham MD 21236
800-752-4724 or 860-509-7596 (CT)
860-509-7607 Fax

DELAWARE

Division of LTC Residents Protection
3 Mill Road, Suite 308
Wilmington DE 19806
302-577-6666
302-577-6672 Fax
888-204-6179 Verification

DISTRICT OF COLUMBIA (DC)

DC Nurse Aide Registry
c/o Pearson VUE
PO Box 13785
Philadelphia PA 19101-3785
888-274-6060 Pearson
202-724-8846 - DC

FLORIDA

Department of Health
MQA/Certified Nursing Assistant Prog.
4052 Bald Cypress Way
Bin # C-13
Tallahassee FL 32399-3263
850-245-4125 ext. 3784
850-245-4172 Fax

GEORGIA

Georgia Health Partnership (GHP)
Nurse Aide Program
P.O. Box 105753
Atlanta GA 30348
678-527-3010 GHP
800-414-4358 Fax

HAWAII

Dept of Commerce & Consumer Affairs
Nurse Aide Registry
4155 Diamond Head Road
Honolulu HI 96816
808-734-2101, ext. 122
808-735-8626 Fax

IDAHO

Bureau of Facility Standards
Department of Health & Welfare
PO Box 83720
Boise ID 83720-0036
800-748-2480
208-364-1888 Fax

ILLINOIS

DO NOT send form to. We will obtain.

INDIANA

Division of Long Term Care
Nurse Aide Registry
2 North Meridian Street, Section 4B
Indianapolis IN 46204
317-233-7351
317-233-7750 Fax

IOWA

Iowa Nurse Aide Registry
Division of Health Facilities
Lucas State Office Building
321 East 12th Street, 3rd Floor
Des Moines IA 50319-0083
515-281-4077
515-281-6259 Fax

KANSAS

KS Department of Health & Environment
Health Occupation Credentialing Unit
503 S. Kansas Avenue
Topeka KS 66603-3404
785-296-6877
785-296-3075 Fax

KENTUCKY

Kentucky Nurse Aide Registry
312 Whittington Parkway, Suite 300-A
Louisville KY 40222
888-530-1919
502-564-3938 Fax

LOUISIANA

Louisiana Nurse Aide Registry
5647 Superior Drive
Baton Rouge LA 70816
225-295-8575
225-925-8578 Fax

MAINE

Maine Registry of CNA's
ME Dept. of Hlth & Human Services
State House Station 11
41 Anthony Avenue
Augusta ME 04333
207-624-7300
207-287-9325 Fax

MARYLAND

Maryland Board of Nursing
Nurse Aide Registry
4140 Patterson Avenue
Baltimore MD 21215-2254
410-585-1900
410-764-8042 Fax

MASSACHUSETTS

MA Nurse Aide Registry
Department of Public Health
99 Chauncy Street, 11th Floor
Boston MA 02111
617-753-8143
617-753-7320 Fax

MINNESOTA

Division of Compliance Monitoring
Nurse Aide Registry
PO Box 64501
St. Paul MN 55164-0501
651-215-8705
651-215-9697 Fax

MISSISSIPPI

MS Department of Health
Division of Hlth Facilities Lic & Cert.
PO Box 1700
Jackson MS 39215
601-364-1100
601-57607350

MISSOURI

DO NOT send form to. We will obtain.

MONTANA

Dept of Public Health & Human Services
Certification Bureau
2401 Colonial Drive, 2nd Floor
Helena MT 59620-2953
406-444-4980
406-444-3456 Fax

NEBRASKA

Dept of Health & Human Services
Division of Public Health, Licensure Unit
Office of Nursing & Nursing Support
PO Box 94986
Lincoln NE 68509-4986
402-471-0537
402-471-1066 Fax

NEVADA

Nurse Aide Registry
4220 S. Maryland Parkway, Suite #B300
Las Vegas, NV 89119
775-626-3286/888-590-6726
775-687-7707 Fax

NEW HAMPSHIRE

New Hampshire Board of Nursing
21 South Fruit Street, Suite 16
Concord NH 03301-2431
603-271-8282/2323
603-271-6605 Fax

NEW JERSEY

NJ Nurse Aide Registry
PO Box 358
Trenton NJ 08625-0358
609-633-9171
609-633-9087 Fax

NEW MEXICO

DOH/DHI/Hlth Facility Licensing & Cert.
2040 S. Pacheco Street
2nd Floor, Room 413
Santa Fe NM 87505
505-476-9040
505-476-9026 Fax

NEW YORK

Bureau of Professional Credentialing
Nurse Aide Registry
875 Central Avenue
Albany NY 12206
800-918-8818
518-474-7477 Fax

NORTH CAROLINA

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NORTH DAKOTA

ND Department of Health
Division of Health Facilities
600 East Boulevard Avenue, Dept 301
Bismarck ND 58505-0200
701-328-2353
701-328-9785 Fax

OHIO

Ohio Department of Health
246 North High Street
Columbus OH 43215-2412
614-752-9500/800-582-5908
614-564-2461 Fax

OKLAHOMA

OK State Department of Health
1000 N.E. 10th Street
Room 1111
Oklahoma City OK 73117-1299
405-271-4085
405-271-1130 Fax

OREGON

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road
Portland OR 97224
971-673-0658
971-673-0684 Fax

PENNSYLVANIA

PA Nurse Aide Registry
c/o Pearson VUE
PO Box 13785
Philadelphia PA 19101-3785
1-800-852-0518
877-543-5215 Fax

RHODE ISLAND

RI Department of Health Professionals
3 Capitol Hill, Room 105
Providence RI 02908-5097
401-222-5888
401-222-3352 Fax

SOUTH CAROLINA

SC Nurse Aide Registry
c/o Pearson VUE
PO Box 13785
Philadelphia PA 19101-3785
803-737-7205 SCNA
952-681-3000 – Pearson
952-681-3899 Fax - Pearson

SOUTH DAKOTA

SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls SD 57106
605-362-2769
605-362-2768 Fax

TENNESSEE

Division of Health Care Facilities
Department of Health
227 French Landing, Suite 501
Heritage Place, Metro Center
Nashville TN 37243
615-532-7841
615-248-3601 Fax
800-778-4504 Registry

TEXAS

Dept. of Aging & Disability Services
PO Box 149030, Mail Code E-414
Austin TX 78714-9030
512-438-2050
512-438-2051 Fax

UTAH

Utah Hlth Technology Certification
Center
550 East 300 South, Room 2036
Kaysville UT 84037-3699
801-547-9947

VERMONT

Vermont State Board of Nursing
National Life Bldg., North FL2
Montpelier, VT 05620-3402
802-828-2819/2396
802-828-2484 Fax

VIRGINIA

Virginia Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond VA 23233
804-367-4614
804-527-4455 Fax

WASHINGTON

NA Training & Competency Evaluation
Nurse Aide Registry
PO Box 45600
Olympia WA 98504-5600
360-725-2597
360-493-2581 Fax

WEST VIRGINIA

Office of Hlth Facility Licensure & Cert.
408 Leon Sullivan Way
Charleston WV 25301-1713
304-558-0050
304-558-1442 Fax

WISCONSIN

DO NOT send form. We will obtain.

WYOMING

Wyoming State Board of Nursing
Nurse Aide Registry
400 Quest Building
6101 Yellowstone Road
Cheyenne WY 82002
307-777-7123
307-777-7601
307-777-3519 Fax



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

SAMPLE EMPLOYER LETTER

MUST BE TYPED ON COMPANY/FACILITY LETTERHEAD

TODAY'S DATE

MI Department of Licensing & Regulatory Affairs
Bureau of Health Care Services
Attn: Nurse Aide Certification
P.O. Box 30664
Lansing MI 48909

To Whom It May Concern:

This letter is to inform you that **(NAME OF CNA)** has been employed by **(NAME OF FACILITY/AGENCY)** from **(DATE OF HIRE)** to **(PRESENT OR LIST TERMINATION DATE)** as a Certified Nurse Aide (CNA).

She/He has worked at least 8 consecutive hours during the last 24 months performing nursing or nursing related services for pay under the supervision of a licensed Registered Nurse **(NAME OF RN AND LICENSE NUMBER)**.

Sincerely,

NAME AND SIGNATURE OF DIRECTOR/ASST. DIRECTOR OF NURSING, ADMINISTRATOR/ASST. ADMINISTRATOR, STAFF DEVELOPMENT COORDINATOR, IN-SERVICE COORDINATOR, LICENSED REGISTERED NURSE OVERSEEING YOU AND YOUR DUTIES.

NOTE:

- **PERSONNEL DIRECTOR, PAYROLL, HUMAN RESOURCES, SCHEDULING COORDINATOR, FACILITY SECRETARY, ADMINISTRATIVE ASSISTANT SIGNATURES ARE NOT ACCEPTABLE.**
- **WE DO NOT ACCEPT PHOTOCOPIES OR FAXES OF THE EMPLOYER LETTER AND IT MUST BE ON FACILITY LETTERHEAD.**

LARA/CNA-012 (4/14)